		1. DATE SUBMITTED			
			15 November 1999		
(implementation deta	ails). If there is no		date, enter 60 day		I ole. WSH will complete Part C is questions to NWS Change Management
2. ORIGINATOR OFF	FICE 3. SUBN	MITTING AUTHORITY	4. COGNIZANT	TECHNICAL INDIVIDUAL	5. ORIGINATOR TRACKING NUMBER
NWS	Name: Routing	Paul Nipko Code: W/APO	Name: Routing Code: Phone:	Chris Dietz W/APO1 301-713-0211x141	RC_APO5
6. SYSTEMS AFFECT	TED BY CHANGE	DATA PRODUCTS (C	`omplete Data Prod	lucts Supplement)	7. WSH TRACKING NUMBER
☐ ASOS x	x AWIPS	□ CRS NEXR		ER (specify)	NWS 517
8. TITLE OF CHANGI NWWS Flow Cont					
9. TYPE OF CHANGE HARDWARE	E x∐SOFTW <i>A</i>	ARE DOCUMEN	ITATION ONLY	10. SITES AFFECTED (Att See Attachment A1A	tach Part B, Page 2, if needed)
11. STATEMENT OF	REQUIREMENT, F	PROBLEM, OR DEFICIENC	CY OF EXISTING S	YSTEM (Include problem report	reference numbers.)
control is also an ess of the deficiencies).	sential requirement	t for the replacement NW	/WS, which is to be	e fielded in March 2000 (refer to	of products are sent to the NWWS. Flow o attachment A1B for detailed description
12. KNOWN OR PRO	POSED SOLUTION	N (Include source and des	scription of new fe	atures or data products.)	
NWS and installed at 4.2.x, but will be pus	t the uplink sites liss shed to TSA on 11	isted in attachment A1A. 1/18 and to 16 other sites	The change will be s by 11/29 by the N	e incorporated into the software	ne change will be implemented by the e baseline as part of urgency release to these first 17 sites is critical to help implemented by 12/03/99.
13. ALTERNATE SOL	LUTIONS				
None					
14. REQUIRED CHANGE DATE	15. RATIONALE	FOR REQUIRED CHANG	E DATE (Include pr	roposed priority, if known.)	
19 Nov 1999	The proposed cl	hange date is the earliest	possible date for the	he change to be implemented a	t the sites
		CC	CB/PMC/CMB I	DECISION	
16. DECISION AUTHORITY LEVEL		☐ CCB LEVEL O	ONLY		B DECISION REQUIRED
17. CCB LEVEL DECISION		☐ APPROVED		SIGNATURE	
		☐ RECOMMEN	ID APPROVAL	DATE SIGNED	
		☐ DISAPPROVE	ED		
	FO	R USE ONLY WHE	N PMC or NW	S CMB DECISION REQU	JIRED
18. PMC OR NWS C	MB DECISION	☐ APPROVED		SIGNATURE	
		☐ DISAPPROVE	ED	DATE SIGNED	

NWS CHANGE FORM PART A - DATA PRODUCTS SUPPLEMENT									ORIGINATOR TRACKING NUMBER RC_APO5							
This information is required for Data Products submissions. (Submitters should complete all applicable blocks, if known. WSH will assist.) Attach extra pages if necessary.										2. WSH TI	RACKING	NUMBER				
3. AWIP	'S ID	4. AFO)S PIL		5. WMO HEADER		6. ADD	7. SEAS	8. CHAR	9. FREQUENCY	10. NWSTG DISTR	11. AFOS		NWW	WS ONLY	
NNN	XXX	CCC	NNN	XXX			REV DEL	Y/N	PER MSG			DISTR	12. STATE CIRCUITS		13. PRIME UPLINK	14. B/U UPLINK
		<u> </u>					<u> </u>						<u> </u>			
	igwdown	$\vdash \vdash \vdash$	 '	 	 		 	 '	 	 			+	+		
													<u> </u>			
	igwdapprox	 '	 '		 		<u> </u>	 '		<u> </u>			 	\longrightarrow	!	
					 								+			
	!	'	<u> </u>	<u> </u> '	<u> </u>		<u> </u>	<u> </u>	<u> </u>				<u> </u>	\longrightarrow		<u> </u>
	<u> </u>	<u> </u>	 '	<u> </u>	—		<u> </u>	 '	<u> </u>	<u> </u>	<u> </u>		 			<u> </u>
	<u>_</u>	<u> </u>	 '	 '	—		 '	 '	 '	 	 		 	\longrightarrow		
	$\vdash \!$		 	 '	 		 	 '		 	 		+	-+		
	$\vdash \vdash \vdash$	$\vdash \vdash \vdash$	 '		 		 '		 	 	 		+	+		
		\square			\vdash								†	$\overline{}$		
													<u> </u>			
	!	└ ──'	 '	<u> </u>	<u> </u>		<u> </u> '	<u> </u>	<u> </u>	<u> </u>				\longrightarrow		<u> </u>
	<u> </u>	<u> </u>	 '	<u> </u>	<u> </u>		<u> </u>	 '	<u> </u>	<u> </u>						
		 '	 '	<u> </u>	<u> </u>		 	 '					+	\longrightarrow		
		F	OR MET	AR CHAI	NGES ONL	ΙΥ	<u> </u>			ERNAL NWS	20. PRODUCT SOURCE		21. AWIPS	S DATA T	YPE	
15. COMMS 16. N. LATITUDE 17. W. LONGITUDE 18.						ONLY										
ID		DEG	MIN	SEC	DEG	MIN	SEC	ELEV (M)	22.		A. CHANGE NOTICE	B. EFFECTIVE DA	ATE C. ISSUE DATE			
									AWIPS							
	<u>'</u>	└	<u> </u>	<u> </u>	<u> </u> '	<u> </u>	<u> </u>	 '	AFOS							
	'	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	NWWS		1					

NWS CHANGE FORM PART B All RC/ECP submissions must also address the following information. Indicate if any	RC_APO5	ORIGINATOR TRACKING NUMBER RC_APO5 WSH_TRACKING NUMBER							
apply. State why information is unknown and when it will be available. Attach extra pages if necessary, referencing each applicable subject.									
FUNDING INFORMATION									
Estimate costs and indicate known sources of funding. (Include travel time, installat time, and software development time when applicable.)	tion time, administrative	3. SOURCE OF FUNDING	4. TOTAL COST \$828						
 DEVELOPMENT COSTS (Estimate development costs) Govt: 1 APO engineer's salary amount for 16 hours of work: \$736 		KMOD BASE	AMOUNT						
6. OPERATIONAL TEST AND EVALUATION COSTS (Estimate test and evaluation of N/A	,	BASE	AMOUNT \$0						
7. PRODUCTION COSTS (Include acquisition, kit proofing, spares, delivery, and doct	umentation costs)	KMOD BASE	AMOUNT See #5						
8. COMMUNICATIONS SERVICE/CIRCUITS COSTS (Include installation and recurrin N/A	ng costs)		AMOUNT \$0						
9. IMPLEMENTATION SUPPORT COSTS (Include travel, installation, and administration lines and installation: Govt (1 APO engineer's salary amount for 2 hours = \$92	ative costs)	KMOD BASE	AMOUNT \$92						
9A. LIFE CYCLE SUPPORT COSTS (Less communications service/circuits) Contractor (PRC) - NCF Operations		KMOD	AMOUNT Unknown						
SUPPORTING INFORMATION AND SCHEDULES Provide detailed information needed to implement the requested change.									
10. DEVELOPMENT STATUS/SCHEDULE (Major milestones such as Start, Beta Test, and OT&E) Development Start - 15 Nov 99, Completion - 16 Nov 99 11. PRODUCTION STATUS/SCHEDULE (Major milestones such as Solicitation, Contract Start Date, Delivery Date, Kit Proofing, etc.) N/a									
12. IMPLEMENTATION/RETROFIT SCHEDULE See Attachment A1A. N/A									
14. COMMUNICATIONS INSTALLED (Type required, who will order, and associated hardware required; attach Part B, Page 2, if needed.) N/A	ERVICE/CIRCUITS TO BE	E REMOVED							
16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES (Include person or organization responsible for obtaining each) N/A 17. COORDINATION OF CHANGE WITH OTHER CHANGES N/A									
18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED (Include part, serial, and document numbers. Attach Part B, Page 2, if needed.) N/A 19. STAFF RESOURCE IMPACTS (Skills and workload impact on maintainers, operators, and managers.) No recurring workload impacts.									
20. LOGISTICS IMPACTS (Include facilities, maintenance, training, and support equipment impacts.) N/A 21. OPERATIONAL IMPACTS (Include continuity and back up needs and plans.) N/A									
22. ADDITIONAL MAJOR CHANGE ACTIVITIES (Include who will accomplish each	n of them and staff hours requ	uired.)							
SST will coordinate with the sites listed in attachment A1A to push the change to the assistance.	he site. SST, and the APO E	ingineer will be available	to the sites for						

NWS CHANGE FORM PART B - PHYSICAL ITEM AND DOCUMENT IMPACT MATRIX SUPPLEMENT							1. ORIGINATOR TRACKING NUMBER RC_APO5				
This information is required prior to publication of Engineering Modification Notes and Software Release Notes. List physical items to be replaced and specify any changes in related documentation. (Submitters should complete this information, if known. WSH will assist.)							2. WSH TRACKING NUMBER				
3. ITEM NAME, CIRCUIT TYPE,	4. REMOVE	5. SUPERSEDED ITEM C	R CONFIGURATION	6. SUPERSEDING PART NUMBER OR NEW	7. DOC TYPE	8. SUPERSEDED DOCUMENT		9. SUPERSEDING DOCUMENT			
SOFTWARE VERSION, OR SITE LOCATION	REPLACE MODIFY	A. PART NUMBER OR	B. SERIAL NUMBER(S) OR	CONFIGURATION		A. IDENTIFIER	В.	A.	B. REV		

NWS CHANGE FORM PART C		1. ORIGINA RC_APO5	TOR TRACKING NUMBER
WSH is responsible for Part C, but submitters may complete sections that would help cla requirement or the necessary implementation actions.	arify the change	2. WSH TR	ACKING NUMBER
3. CCB COST EVALUATION		•	
NWS COST \$828 FAA COST \$ DOD COST \$ OTHER AGENC (SPECIFY)		TOTAL COST \$828	3
4. IMPLEMENTATION DOCUMENTS REQUIRED			
☐ Engineering Modification Note ☐ Software Release Notes	Other Docum	ment (Specify)	
ADDITIONAL IMPLEMENTATION INSTRUCTIONS (e.g., Implementation schedule, parts s documentation required, and status reporting instructions.) Include documentation, data completion of the implementation activity.			
5. IMPLEMENTATION ACTIVITY REQUIRED	6. REQUIRED COMPLETION DATE	7. RESPONSIBLE PERSON AND OFFICE	8. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION
Coordinate implementation schedule with sites through SST	18 Nov 99	Thigpen/SST,	See item C
B. NCF push NWWS Flow Control change to specified sites as directed by SST	19Nov 99, 29Nov99, 13Dec99	W/APO3 Thigpen/SST, W/APO3	See item C
C. Report implementation completion using NCF/SST data at AWIPS CCB meetings	27Dec 99	Davidson, W/OSO112	N/A